Student's Name	
Teacher's Name	
Room #	
Full Time	Part Time/Casual

ÉCOLE MARGARET UNDERHILL USER-PAY LUNCH SUPERVISION PROGRAM Kindergarten

REGIS	TRATION FORM	2024/2025			
CHILD'S NAME					
		mm/dd/yyyy			
Address	Postal Code	Home Phone Numb	er		
MOTHER/GUARDIAN NAME		Employer			
Day Time Phone Number	Cell	Email			
FATHER/GUARDIAN NAME		Employer			
Day Time Phone Number	Cell	Email			
EMERGENCY CONTACT (Parents will be cont	acted first)				
NAME	Relat	ionship To Child			
Address	Phone Number				
SPECIAL INSTRUCTIONS FOR MY CHILD - i.e.	allergies, medicatio	ns, medical (medical alert bra	celet for example)		
Is there a sibling in the Lunch Program?	_NoYes Nar	me	Grade		
Please notify the Lunch Program, 204.	958.6832, immedia	tely of any changes to the ab	ove information.		
REGISTRATION OPTIONS					
Full time - the student will be ea	- the student will be eating lunch at school every day				
Part-time - the student will be ea	-time - the student will be eating lunch at school on a less than full time basis				

	My child will participate in the lunch program on the following basis (please check one):				
	Full time:	1 cheque	\$85.00 per child, dated September 4th 2024;		
			OR		
	2 cheques \$42.50 per child, dated for September 4th, 2024				
	Part time:1 cheque	and Feb. 20, 2025.			
		1 cheque	\$9.00 for 10 days- Attendance record punch card will be kept at school, parent will be notified by UPLSP staff should more days need to be purchased.		
N.B.	Please purcha	ise part time day	s carefully. Refer to section 1.09 Refunds. There are no refunds.		

- 1. Please return a completed Registration Form for each child, along with the applicable payment to your child's teacher by **FRIDAY SEPTEMBER 27th**, **2024**
- 2. Please make cheques payable to: EMU UPLSP. Please place your payment in a sealed envelope with your family name on the outside.

We recommend that you pay by cheque as we are not responsible for lost or stolen cash. Payment may be made by one (1) cheque for all children in one family. Individual cheques for each child are not required. Please note child's / children's names on the cheque to ensure payment is applied correctly to each student.

Late payment will result in removal from the Lunch Program.

ACKNOWLEDGEMENT

My child and I have gone over the Policies and Rules that are found on our school website/and emailed to me and we understand them. I understand that if they are not followed, my child may lose the privilege of participating in the Lunch Program.

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

I understand the rules of the Lunch Program and I promise to follow them.

Child's Name (please print)

Child's Signature

If you have any questions or concerns about the Lunch Program, please contact the École Margaret Underhill User-Pay Lunch Supervision Program Committee at 204.958.6832.